

10/51-064

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22		3				
23		3				
24		3				
25		3				
26		3				
27		3				
28	1					
29						
30						
31						
32		14				
33						
34		3				
35	1					
36						
37						
38						
39						
40	1					
41						
42						
43						
44						
45						
46						
47		4				
48		4				
49		4				
50	1					
TOTAL IND.	16					
TOTAL DEP.		85				
TOTAL CLAIMS	17					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56		3				
57		6				
58		3				
59		3				
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS